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PTO/SB/21 (08-00)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/455,486	
	Filing Date	December 6, 1999	
	First Named Inventor	Daniel E. H. AFAR	
	Group Art Unit	1642	
	Examiner Name	G. Nickol	
Total Number of Pages in This Submission	22 w/out Exhibits	Attorney Docket Number	511582001620

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TECH CENTER 1600/2900

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Mary Faris, Ph.D. Exhibits A-F
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Karen Jane Meyrick Morrison, Ph.D. Exhibits A-F
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Revocation of Prior Power of Attorney
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	25225	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	Kate H. Murashige
Date	July 29, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, on the date shown below.

Dated: 7/29/03 Signature: Tami M Procopio (Tami Procopio)

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 625.00

Complete if Known

Application Number 09/455,486
 Filing Date December 6, 1999
 First Named Inventor Daniel E. H. AFAR
 Examiner Name G. Nickol
 Group Art Unit 1642
 Attorney Docket No. 511582001620

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number

03-1952

Deposit Account Name

Morrison & Foerster LLP

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	2001	375	Utility filing fee	
		1002	330	2002	165	Design filing fee	
		1003	520	2003	260	Plant filing fee	
		1004	750	2004	375	Reissue filing fee	
		1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)							0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -** = x =
 Independent Claims -** = x =
 Multiple Dependent =

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
		1202	18	2202	9	Claims in excess of 20
		1201	84	2201	42	Independent claims in excess of 3
		1203	280	2203	140	Multiple dependent claim, if not paid
		1204	84	2204	42	** Reissue independent claims over original patent
		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051	65	Surcharge - late filing fee or oath	
		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
		1053	130	1053	130	Non-English specification	
		1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	2251	55	Extension for reply within first month	
		1252	410	2252	205	Extension for reply within second month	
		1253	930	2253	465	Extension for reply within third month	465.00
		1254	1,450	2254	725	Extension for reply within fourth month	
		1255	1,970	2255	985	Extension for reply within fifth month	
		1401	320	2401	160	Notice of Appeal	160.00
		1402	320	2402	160	Filing a brief in support of an appeal	
		1403	280	2403	140	Request for oral hearing	
		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		1452	110	2452	55	Petition to revive - unavoidable	
		1453	1,300	2453	650	Petition to revive - unintentional	
		1501	1,300	2501	650	Utility issue fee (or reissue)	
		1502	470	2502	235	Design issue fee	
		1503	630	2503	315	Plant issue fee	
		1460	130	1460	130	Petitions to the Commissioner	
		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
		1806	180	1806	180	Submission of Information Disclosure Stmt	
		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
		1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))	
		1801	750	2801	375	Request for Continued Examination (RCE)	
		1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 625.00

SUBMITTED BY

Name (Print/Type) Kate H. Murashige

Registration No. (Attorney/Agent)

29,959

Complete (if applicable)

Telephone (858) 720-5112

Signature

Kate H. Murashige

Date

July 29, 2003

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(Tami Procopio)